## Franklin County 141 Athens St. / P.O. Box 159 Carnesville, GA 30521

## HVAC/Fuel Gas Permit Application

□ Reside □ Comm □ Altera		Date: / Permit No  Estimated Cost of Construction (Labor and Materials): \$						
JOB SITE ADDRESS:		Littinated Cost	PROJECT NAME:			LOT/ SUITE #:		
Property Use:					Zoning Class.:			
Job Description	:							
Property Owner	Name:							
	Address:			State: Zip:				
Trade Contractor	Name:			State Lic	State License No.:			
	Address:			State: Zip:		Pho Ema		
[ ] Total Electric [ ] Total Gas [ ] Both Gas and Electric					] Natural G	as [	] L.P.G	
Number of Tons: Number of BTUs:				[ ] FU	[ ] FURNACE MBTU			
Heating and/or Cooling Units:				[ ] FIF	REPLACE	MBTU	J	
Supply and Return Drops: Exhaust Fans:					VEN/RANGE	MBTU	J	
Grease/Vent Hood: Other:					[ ] DRYER MBTU			
					] WATER HEATER MBTU			
SERVICE PROVIDER:								
Notice: No changes shall be made from that which is stated in this application, or in attached plans and specifications, except by submitting a revised application, plans and/or specifications and receiving approval of the Chief Building Inspector for such change. Granting of a permit shall not be construed as a permit for or an approval of any violation of the Building Code or any other state or local law regulating construction or the performance of construction. I hereby certify that I have read and examined this application and the information provided herein is true and correct. I further certify that all construction will comply with the Minimum Building Codes.								
Signature of Licensed Cardholder: Date:								
FOR OFFICE USE ONLY Acco					repted by:			
Construction Type: Occ				Occupancy:	upancy:			
Administrati	tive Fee: Plan Review Fee: Permit Fee			Fee:	CC Fe	ee:	Total Fee:	
\$	\$ \$ <u></u>				\$		\$	